



Experience. Excellence.

CONSENT TO TRANSCRIPTION SERVICE - Patient

In an effort to focus more attention on you, our patient, we've partnered with a medical transcription company, Robin Healthcare. The transcription service documents the appointment and builds a summary of your visit, including any recommended medications, imaging, diagnostics, and other treatments. This frees your doctor from typing notes during and after the appointment, allowing your doctor to provide more time and attention to you and your needs. We are required by California law to seek and obtain your permission before providing such services.

This service consists of live audio and video recording of your appointment and other conversations in the examination room. A light will come on when the device is on, and you should assume that any time the light is on that audio and video data is being transmitted to the transcription service. We only use the relevant portions of the audio and video data for the purposes of transcribing your appointment and not for any other purpose.

We and Robin Healthcare take your privacy and data security very seriously, and we have implemented measures designed to secure the information, including the use of HIPAA compliant AES-256 Bit encryption technology for all transmission and storage - the same encryption used by the federal government to protect highly classified information. Robin Healthcare maintains the encrypted audio and video data on its servers behind firewalls and permanently deletes them within 72 hours.

We appreciate your understanding and support as medical transcription helps us provide better care to you. If at any point you or any visitors with you wish to turn off this service, simply notify our team, and it will be turned off immediately.

By signing below, you and any visitors with you expressly consent to Webster Orthopedic Medical Group and Robin Healthcare to record an audio and video of your visit, transcribe and document your appointment, and permanently destroy the recordings within 72 hours.

Patient:

Patient Signature	Patient Name	Date
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OR, if applicable Patient Representative:

Patient Representative's Signature	Authority to Act for the Patient	Date
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Additional Patient Companions over the age of 18:

Patient Companion Signature	Patient Companion Name	Date
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Patient Companion Signature	Patient Companion Name	Date
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Patient Companion Signature	Patient Companion Name	Date
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